

471-000-513 Nebraska Medicaid RN/LPN Fee Schedule

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 3-000.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT®). CPT® is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT® numeric identifying codes for reporting medical services and procedures.

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Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

Rates effective July 1, 2016

Procedure Code	Description	Medicaid Allowable	Units *
T1000 TD	Brief RN Service In Private-Duty Nursing Setting (1-8 Units)	\$10.13/unit (\$40.52/hour)*	15 minutes
T1000 TE	Brief LPN Service In Private-Duty Nursing Setting (1-8 Units)	\$7.60/unit (\$30.41/hour)*	15 minutes
T1002	Hourly RN Service In Private-Duty Nursing Setting	\$5.06/unit (\$20.24/hour)*	15 minutes
T1003	Hourly LPN Service In Private-Duty Nursing Setting	\$3.78unit (\$15.12/hour)*	15 minutes
T1022 TG	Contracted Home Health Agency Services, All Services Provided under Contract, Per day	\$758.00	Day
T1024	Coordinated, integrated and specialized care for children with multiple and severe disabilities in a facility based setting	\$26.70	Hourly
T1024 TG	Coordinated, integrated and specialized care for children with multiple and severe disabilities in a facility based setting	\$30.17	Hourly
<b>*Hour rates are approximate and may vary, based on rounding.</b>			
<b>Limitations:</b>			
	\$239.61/day - Daily payment limit on skilled nursing services for persons age 21 and older in a home health setting.		
	\$797.64/day - Daily payment limit on skilled nursing services for persons age 21 and older who are ventilator dependent in a home health setting.		
<b>Center-Based Adult Day Add-On Services</b>			
Procedure Code	Description	Medicaid Allowable	Units
S5105	Aide Service In Adult Day Service Center Setting**	\$7.84/unit	1 day
S5105TD	RN Service In Adult Day Service Center Setting**	\$12.54/unit	1 day
<b>**Bill only when service is not included in Adult Day Service per diem rate.</b>			

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